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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Att r n y D cket Number	P-03180
		First Named Inventor	Wallace C. Turbeville
COMPLETE IF KNOWN			
		Application Number	/
		Filing Date	
		Art Unit	
		Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RISK MEASUREMENT, MANAGEMENT AND TRADE DECISIONING SYSTEM

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

PTO/SB/01 (10-01)

Approved for use through 10/31/2003. OMB 0651-0032

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input checked="" type="checkbox"/> OR <input type="checkbox"/> Correspondence address below
Name	Peter D. Aufrichtig, Esq.		
Address	AUFRICHTIG STEIN & AUFRICHTIG, P.C. 300 East 42nd Street, 5th Floor		
City	New York	State	NY ZIP 10017
Country	US	Telephone	(212) 557-5040 Fax (212) 557-5065
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF BOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Wallace C. (first and middle [if any])		Family Name Turbeville or Surname	
Inventor's Signature	Wallace C. Turbeville		Date 8/22/03
Residence: City	New York	State	NY Country US Citizenship US
Mailing Address	105 Hudson Street, Apartment 10S		
City	New York	State	NY ZIP 10013 Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name J. Scott (first and middle [if any])		Family Name Perry or Surname	
Inventor's Signature	J. Scott		Date 8/22/03
Residence: City	New York	State	NY Country US Citizenship US
Mailing Address	51 West 84th Street, Apartment 5H		
City	New York	State	NY ZIP 10024 Country US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	New Patent Application
Filing Date	Concurrently Herewith
First Named Inventor	Turbeville, Wallace C.
Title	RISK MEASUREMENT, et al
Group Art Unit	
Examiner Name	
Attorney Docket Number	P-03180

I hereby appoint:

 Practitioners at Customer Number

OR

 Practitioner(s) named below:

Name	Registration Number
Peter D. Aufrichtig, Esq.	31,221

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

 Firm or
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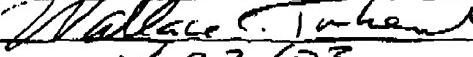
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Wallace C. Turbeville

Signature 

Date 8/22/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 2 forms are submitted.

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PTO/SB/01 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	N w Patent Application
Filing Date	Concurrently Herewith
First Named Inventor	Turbeville, Wallace C.
Title	RISK MEASUREMENT, et al
Group Art Unit	
Examiner Name	
Attorney Docket Number	P-03180

I hereby appoint:

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Peter D. Aufrichtig, Esq.	31,221

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SIGNATURE of Applicant or Assignee of Record

Name

J. Scott Perry

Signature

8/22/03

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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